

# TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 800619

## Counterflow Insect Trap

First Named Inventor: Mark Miller

### SUBMITTED BY

Name: Mr. Douglas D. Russell  
Registration Number: 40152  
Electronic Signature Mark: Douglas D. Russell  
Date Signed: 20010809

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*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

bibd-transmittal	080901 800619 AmerBioapds.xml
fee-transmittal	080901 800619 AmerBiofee.xml
specification	continuationspec.xml
declaration	Prior App Declaration POA p1.tif
declaration	Prior App Declaration POA p2.tif
declaration	Prior App Assignment p1.tif
declaration	Prior App Assignment p2.tif

declaration	Prior App Assignment p3.tif
declaration	Prior App Assignment p4.tif
declaration	Prior App Assignment p5.tif
declaration	Prior App Withdraw Attorney p1.tif
declaration	Prior App Withdraw Attorney p2.tif
declaration	Prior App Withdraw Attorney p3.tif
declaration	Prior App Address Change.tif
declaration	Prior App Add Attorney.tif

**Attached Image File(s):**

Prior App Declaration POA p1.tif  
Prior App Declaration POA p2.tif  
Prior App Assignment p1.tif  
Prior App Assignment p2.tif  
Prior App Assignment p3.tif  
Prior App Assignment p4.tif  
Prior App Assignment p5.tif  
Prior App Withdraw Attorney p1.tif  
Prior App Withdraw Attorney p2.tif  
Prior App Withdraw Attorney p3.tif  
Prior App Address Change.tif  
Prior App Add Attorney.tif

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# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 462**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1018  
Expiration Date: 20020630  
Authorized Name: DOUGLAS D RUSSELL  
Billing Address: 78759-8444

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 23	203	\$ 9	3	\$ 27
Independent Claims: 5	202	\$ 40	2	\$ 80

Subtotal For Extra Claims Fees: \$ 107